

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529094

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1					
4	3		1			
5	6		1			
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1		1			
15	1		1			
16	1		1			
17	3		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	2		1			
24	2		1			
25	2					
26	2					
27	2					
28	2					
29	2					
30	2					
31	2					
32	2		1			
33	2		1			
34	2		1			
35	1					
36	1		1			
37	1		1			
38	2		1			
39	1		1			
40	1		1			
41	1		1			
42	1		1			
43	1		1			
44	3		1			
45	3					
46	3					
47	3					
48	3					
49	3					
50	3					
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS			[REDACTED]		[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	3				
52	3					
53	3				1	
54	-	3			1	
55	3				1	
56	1					
57						
58						
59						
60						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	6		↓	5	↓	↓
TOTAL DEP.	91		←	23	←	←
TOTAL CLAIMS	97		[REDACTED]	28		[REDACTED]